



American Legion Auxiliary  
Department of California

## JUNIOR CONFERENCE MEDICAL CERTIFICATION

Any participant who arrives without the completed Medical Certification and Consent forms will not be allowed to participate in the program until the completed forms have been submitted. In the event of an emergency, the Junior Conference Nurse will attempt to contact the parent/guardian directly regarding treatment.

### JUNIOR CONFERENCE PARTICIPANT INFORMATION:

FIRST NAME:	LAST NAME:	PHONE:	DISTRICT/UNIT:	AGE:
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### JUNIOR PARTICIPANT RECENT HEALTH ISSUES: (YES OR NO)

Measles		Small Pox		Polio		Diphtheria	
Mono		Chicken Pox		Mumps		Typhoid Fever	
Hepatitis		Scarlet Fever					

### JUNIOR PARTICIPANT OTHER HEALTH: (YES OR NO)

Ulcer		Diabetes		ENT Problems		Emotional Problems	
Asthma		Drug Problems		Epilepsy		Vision Impairment	

### JUNIOR PARTICIPANT MEDICATIONS: ( Dosage, Frequency, and Storage)

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All over the counter medications must be checked by our nurse immediately upon arrival.

### PARENT/GUARDIAN INFORMATION:

MOTHER/GUARDIAN NAME:		PHONE:
FATHER/GUARDIAN NAME:		PHONE:
EMERGENCY CONTACT:	RELATIONSHIP:	PHONE:
EMERGENCY CONTACT:	RELATIONSHIP:	PHONE:



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## CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES

<b>JUNIOR CONFERENCE PARTICIPANT:</b>				
<i>FIRST NAME:</i>	<i>LAST NAME:</i>	<i>PHONE:</i>	<i>DISTRICT/UNIT:</i>	<i>AGE:</i>
<b>PARENT/GUARDIAN INFORMATION:</b>				
<i>MOTHER/GUARDIAN NAME:</i>		<i>PHONE:</i>		
<i>FATHER/GUARDIAN NAME:</i>		<i>PHONE:</i>		
<i>EMERGENCY CONTACT:</i>	<i>RELATIONSHIP:</i>	<i>PHONE:</i>		
<i>EMERGENCY CONTACT:</i>	<i>RELATIONSHIP:</i>	<i>PHONE:</i>		
<i>MY/OUR DAUGHTER: (PRINT NAME OF JUNIOR)</i>				
<p>This will certify that I/we, the undersigned parent(s) or guardian of the Junior named above do, in the event that my/our daughter becomes a participating member of the American Legion Auxiliary Junior Conference, to be held in Ojai, CA Camp Arnaz on the Friday, April 11-14, 2025, hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination or other hospital services. Permission is also granted for minor treatment, including the use of emergency First Aid medications by the Junior Conference staff or nurse.</p> <p>I/We agree that in no event will the American Legion Auxiliary, Department of California or its officers, leaders, or agents become liable for the first aid rendered, treatment, drugs, medicines or surgical procedures performed pursuant to the consent; that the undersigned hereby holds such parties harmless from any liability which may occur as a result of this consent.</p> <p>The undersigned will fully inform said Auxiliary of the physical condition of our daughter/ward, and any other matter concerning her, which may create a special problem or require special treatment.</p>				
<b>PARENT/GUARDIAN INFORMATION:</b>				
<i>MOTHER/GUARDIAN SIGNATURE:</i>		<i>PHONE:</i>		
<i>FATHER/GUARDIAN SIGNATURE:</i>		<i>PHONE:</i>		



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APPLICABLE SECTION (A OR B) MUST BE COMPLETED BY ALL PARTICIPANTS

## JUNIOR CONFERENCE MEDICAL INSURANCE INFORMATION

OPTION A:		
JUNIOR CONFERENCE PARTICIPANT:	INSURANCE INFORMATION:	MEDICAL INSURANCE PROVIDER NAME:
POLICY NUMBER:	PERSON TO WHOM POLICY WAS ISSUED: <i>(PLEASE PRINT NAME)</i>	

*Please attach a copy of front and back of your insurance card to this form*

**OR**

## JUNIOR CONFERENCE MEDICAL INSURANCE WAIVER

Complete if no insurance is available to Junior Conference Applicant

OPTION B:	
MY/OUR DAUGHTER: <i>(PRINT NAME OF JUNIOR)</i>	
is not covered by medical/health insurance. I/We agree to pay for any and all medical treatment deemed necessary by any qualified medical professional (paramedic or doctor) in the event my/our daughter requires medical treatment.	
MOTHER/GUARDIAN SIGNATURE:	DATE:
FATHER/GUARDIAN SIGNATURE:	DATE: